

**Home School Report
Ravalli County Superintendent of Schools
School Year 2008-2009**

Dear Parent:

To assist in annual notification of your intention to home school your child(ren), the following form may be used.

Please contact me at 406-375-6522 or via fax at 406-375-6523 if you have any questions.

Sincerely,
Ernie Jean, EdD
County Superintendent of Schools, Acting
215 South 4th, Suite B
Hamilton, MT 59840

* * * * *

School District of Residence: _____ (If known)

Student's Name	Date of Birth	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parental Comments: _____

* * * * *

_____	_____
Parent or Guardian (Print or Type)	Parent or Guardian (Signature)

Residence Address _____

Mailing Address (If different from residence) _____

_____	_____	_____
City	Zip	Phone
